

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000056282

1. Entity Name
SHKOL, INC.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90978 005 ***150.00

Principal Place of Business

C/O SHOOP MOTORS
1605 ALTON CT
MIAMI BCH FL 33139
US

Mailing Address

275 W 33 ST
MIAMI BEACH FL 33140

8

2. Principal Place of Business

3. Mailing Address
339 Poinciana Isl.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Sunny Isl.

4. FEI Number 65-0430300

Applied For
Not Applicable

Zip

Country

Zip

Country

33160

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHKOLNIK, RAUL
275 W 33 ST
MIAMI BEACH FL 33140

Name SHKOLNIK, ALEX

Street Address (P.O. Box Number is Not Acceptable)

339 Poinciana Isl

City Sunny Isl

FL

Zip Code 33160

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Alex Shkolnik*

4.22.01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME SHKOLNIK, RAUL
STREET ADDRESS 275 W 33 ST
CITY-ST-ZIP MIAMI BEACH FL 33140 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V
NAME SHKOLNIK, ALEX
STREET ADDRESS 412 PONCIANA ISL
CITY-ST-ZIP N MIAMI BEACH FL 33160 ☐ Delete

TITLE SHKOLNIK, ALEX
NAME
STREET ADDRESS 339 Poinciana Isl.
CITY-ST-ZIP Sunny Isl. FL. 33160 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Alex Shkolnik

4.22.01 (305) 674-9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0173137

CR2E034 (10/00)